|  |  |
| --- | --- |
| **Petitioner Name:** |       |

|  |  |
| --- | --- |
| **Contact Information:** |       |

|  |  |
| --- | --- |
| **Hiring Authority:** |       |

|  |  |
| --- | --- |
| **Administrative Rule to be Waived:** |       |

**Statement of Rule:**

|  |
| --- |
|       \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |

**List the names of the persons or the description of the class known by petitioner to be affected:**

|  |
| --- |
|       \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |

**Briefly describe the change requested, including the portion of the rule to be waived:**

|  |
| --- |
|       \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |

**Justification for waiving rule (attach additional sheets, as needed):**

|  |
| --- |
|       \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Department Director Signature** |       | **Date** |       |

|  |  |  |  |
| --- | --- | --- | --- |
| **DAS-HRE Bureau Chief Signature** |       | **Date** |       |

**Decision:**

|  |  |
| --- | --- |
| [ ]  | **Granted** |
| [ ]  | **Denied** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of DAS Director’s Designee/COO of DAS-HRE** |       | **Date** |       |